



# Text Amendment Application

## Campbell County and Municipal Planning & Zoning Commission

1010 Monmouth Street

Newport, Kentucky 41071

Phone: (859) 292-3880

Fax: (859) 547-1868

[www.campbellcountky.org](http://www.campbellcountky.org)

**\*\*ALL BLANKS MUST BE COMPLETELY FILLED OR THE  
APPLICATION WILL NOT BE ACCEPTED\*\***

### Section A (to be completed by the applicant)

1. Applicants Name \_\_\_\_\_  
Applicant's Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

2. I, or we, understand and agree that this application and attached information are being filed in accordance with KRS 100.211, that the application will not be processed if any of the said items are complete, and that all of that all of the statements contained in or submitted with this application are true.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

City of \_\_\_\_\_

County of \_\_\_\_\_

Commonwealth of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_.

Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_

### Section B (Submission Requirements)

1. One (1) copy of this application.
2. Twenty (20) copies of text to be amended. The submittal shall include all proposed changes.

**Section C (to be completed by the Campbell County Zoning Staff)**

1. Date received\_\_\_\_\_Rezoning fee received\_\_\_\_\_
2. Number of signs\_\_\_\_\_
3. Is this application complete     ☐ Yes   ☐ No
4. Staff reviewer\_\_\_\_\_
5. Scheduled public hearing date   \_\_\_\_\_
6. Planning commission action:  
☐ Approved  
☐ Approved with conditions (see #7)  
☐ Denial (see #8)
7. Conditions of approval:\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
8. Reasons for Denial: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_